

PD-AAV-807
50794

CONFIDENTIAL REPORT:
EVALUATION OF
JORDAN FAMILY PLANNING
AND PROTECTION ASSOCIATION
IEC PROJECT

Prepared by: Mona Y. Grieser and
Abdelkader Marzouki

Dates of In-Country Work: June 3-13, 1985

Population Communication Services
Population Information Program
The Johns Hopkins University
624 North Broadway
Baltimore, Maryland 21205
U.S.A.

Table of Contents

	<u>Page</u>
Executive Summary.	i
List of Abbreviations.	iii
Map of Jordan	iv
Evaluation of Jordan Family Planning and Protection Association IEC Project	1
Country Background	1
Family Planning Background	1
Government Policy	2
Government Health Services	3
Private Sector and Other Family Planning Services	3
The Jordan Family Planning and Protection Association	5
Background	5
Activities of the JFPPA	5
Evaluation Methodology	8
IEC Unit Management and Institutional Development	9
Technical Quality of IEC Unit Output: Lecture Series and Workshops	12
Print Materials Development	14
Table 1: Project Outputs for Lectures and Workshops Series . .	15
Table 2: Materials Produced by the JFPPA	16
Table 3: Quantity and Cost Breakdown of Materials Produced by JFPPA	18
Training	20
Communication Between JFPPA and JHU/PCS	21
Summary and Recommendations	22
Appendices	
A. Persons Contacted	
B. JFPPA Board Objectives 1986 Through 1988	

Executive Summary

The Johns Hopkins University/Population Communication Services (JHU/PCS) team of Mona Y. Grieser, JHU/PCS Regional Program Coordinator, and Abdelkader Marzouki, JHU/PCS consultant, visited Jordan to conduct a summary evaluation of the Jordan Family Planning and Protection Association (JFPPA) Information, Education, and Communication (IEC) Project.

The team's objectives were to:

1. Assess activities conducted by the JFPPA to date;
2. Explore possibilities for continued funding of JFPPA/IEC activities;
3. Extend the present JHU/PCS-JFPPA subagreement from terminating July 30th to September 30th, if necessary; and
4. Identify other possible funding recipients.

During its ten-day visit the team was able to confer with the Agency for International Development (AID) Mission officer, Mr. Robert Haladay; all key personnel at the JFPPA including its Board of Directors, as well as with other interested agencies such as the School of Public Health at Irbid University; the Ministry of Health's Division of Health Education; and the United Nations Fund for Population Activities project in IEC.

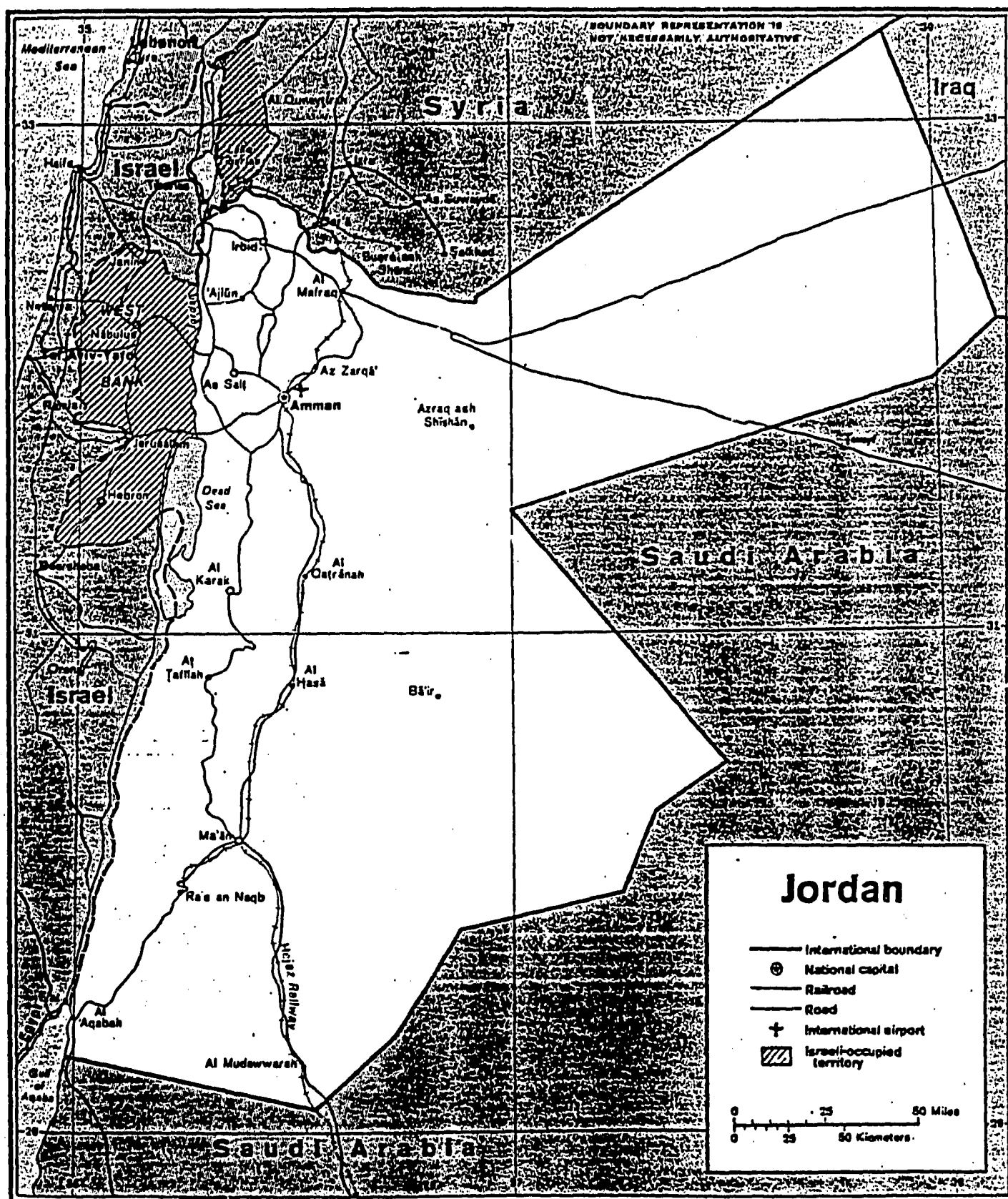
The team made the following observations and recommendations:

1. That the JFPPA had, in fact, accomplished much of its tasks as specified in its subagreement with JHU/PCS.
2. That the JFPPA had succeeded in creating a climate of awareness to the importance of FP programs in the major urban areas where it provides FP services.
3. That any institutional development intended by JHU/PCS for the JFPPA did not occur. The IEC staff are all to be released at the end of the project date.

4. That the JFPPA required an extension of time to complete its materials development outputs.
5. That the JFPPA should become a party to a second project funded by JHU/PCS, which should provide much more frequent provision of technical assistance and tighter supervision.

List of Abbreviations

AID	--	Agency for International Development
ASBU	--	Arab States Broadcasting Union
CC	--	Coordinating Committee
CDC	--	Center for Disease Control
FAO	--	Food and Agricultural Organization
FP	--	Family Planning
FPIA	--	Family Planning International Assistance
IEC	--	Information, Education, Communication
IPPF	--	International Planned Parenthood Federation
ILO	--	International Labor Organization
IUD	--	Intra-uterine Device
JD	--	Jordanian Dinar
JFPPA	--	Jordan Family Planning and Protection Association
JHU/PCS	--	The Johns Hopkins University/Population Communication Services
KAP	--	Knowledge, Attitude and Practice Studies
MCH	--	Maternal and Child Health
MOH	--	Ministry of Health
RFP	--	Request for Proposal
TA	--	Technical Assistance
TB	--	Tuberculosis
TBA	--	Traditional Birth Attendant
UNDP	--	United Nations Development Program
UNESCO	--	United Nations Educational, Scientific, and Cultural Organization
UNFPA	--	United Nations Fund for Population Activities
USAID	--	United States Agency for International Development



519003 12-80

EVALUATION OF JORDAN FAMILY PLANNING AND PROTECTION ASSOCIATION IEC PROJECT

COUNTRY BACKGROUND

The Hashemite Kingdom of Jordan, which shares common borders with Iraq, Israel, Saudi Arabia, and Syria contains a population of roughly 3.2 million in a land that is over 80% desert. (About 11% of the land is devoted to agriculture and 1% is forested).

Topographically, Jordan consists of four distinct areas--the highlands, the desert, the great rift valley, and the West Bank. Amman is the capital city as well as the nation's industrial and financial center. Other urban centers include Zarqa, Irbid, Jarash, Salt and Karak.

The people of Jordan are predominately Arab. The official religion of the state is Islam. Most of the population are Sunni Muslims, although about 5% of the total population is Christian. Arabic is the official language, universally spoken, but English is widely used as a lingua franca in the commercial and official sectors.

Administratively, the country is divided into eight governorates, three of which are in the occupied West Bank. Influxes of refugees from the West Bank and Gaza, as well as internal migration, have caused increased urbanization so that about 54% of the population lives in the three cities of Amman, Zarqa, and Irbid.

FAMILY PLANNING BACKGROUND

A very high birth rate and low death rate in Jordan have resulted in an annual growth rate of 3.7%. The statistics from the Jordan Fertility Survey indicate a total fertility rate of about 7.5, which is among the highest rates in the world. Because of the very limited availability of Family Planning (FP) services, and the lack of a population policy in this country, there is a significant unmet need for FP services and information. Currently the contraceptive prevalence rate is 14%.

There has apparently been little change in overall contraceptive knowledge or use over the last decade, as the table below shows. There has, however, been a substantial shift away from use of oral contraceptives to use of intra-uterine devices (IUD's) (1976 data are from the World Fertility Survey; 1983 data from Family Planning/Maternal Child Health Survey; both are for married women aged 15-44.)

	<u>1976</u>	<u>1983</u>
Knowledge of FP	97	100
Knowledge of Oral Contraceptives	96	99
Knowledge of IUD's	77	98
Current Use of FP	26	26
Current Use of:		
Oral Contraceptives	13	8
IUD's	2	9
Female Sterilization	2	3
Condoms	1	1
Rhythm	2	3
Withdrawal	3	2

GOVERNMENT POLICY

In 1972 a conference on Population Policy in Relation to Urban Development was held in Amman, and recommended that the government adopt a population policy. In an unpublished paper, prepared by the Population Commission of Jordan in 1975, entitled "National Statement Concerning Population Change and Development," the Commission studied ways and means of providing parents the means by which they could exercise their right to limit their families. It did not establish a definite policy and has remained virtually inactive since that time. To date the Jordanian government has maintained a low profile on the issue of FP, which has been interpreted by those opposed to FP as negative interest and those supporting FP as positive interest. The attitude of the Ministry of Health (MOH), despite FP integration into Maternal and Child Health services, is

negative. The official media and the press are very conservative about broadcasting and publication of information and programs related to FP. In addition, the political situation in the area and its relationship to the demographic situation in Jordan is considered to be a major constraint to the FP movement. In the East Bank, a large number of Palestinians, particularly those still residing in "camps," consider FP as undesirable and unacceptable.

GOVERNMENT HEALTH SERVICES

Health care services in Jordan are provided at three levels. Primary care access to the health system is provided by 359 clinics, of which 76 are located in urban centers and 283 in villages. Secondary care is provided through 54 health centers, 51 Maternal and Child Health Centers (MCH), 33 dental clinics, and 18 Tuberculosis (TB) clinics. At the tertiary level, specialized clinical care is provided on a regional basis and in Amman at hospitals.

Since January 1979 the government has integrated family planning through those MCH centers whose staff have received four weeks of in-service training at the MCH/FP Training and Demonstration Center in Amman. IUD insertions can only be done at those centers where physicians have received training specifically for this purpose.

According to Mrs. Munira Sha'ban, Inspector-General of Maternal and Child Health Clinics for the Ministry of Health, only 18% of all FP acceptors are served by MOH clinics. The rest are serviced by the JFPPA and private physicians.

PRIVATE SECTOR AND OTHER FAMILY PLANNING SERVICES

In Jordan, contraceptives, particularly pills and condoms, are available by prescription through pharmacies. IUD insertions can be done through private physicians. Sterilization is permitted, subject to spousal approval.

The Society for the Care of Soldiers' Families has received funding from the Pathfinder Fund to establish FP services along with other income-producing activities for military wives. This effort has been relatively unsuccessful.

A more successful example of integrating FP services with other health services has been the efforts financed by the International Labor Organization (ILO) through the Ministry of Labor to bring FP information and education about services to laborers and workers in factories.

The United Nations Fund for Population Activities (UNFPA) is assisting the government in establishing six new MCH centers each year and has helped the Ministry of Information establish a Family Planning Communication Project.

Most of the international organizations such as the Food and Agricultural Organization (FAO), ILO, Family Planning International Assistance (FPIA), and the Pathfinder Fund, have had difficulty in implementing programs in Jordan. Several have indicated that they will not renew their funding. The team met with Dr. Fathi Zaki Botros of the United Nations Educational, Scientific, and Cultural Organization (UNESCO)/UNFPA IEC Project. This project, housed at Jordan National Radio and Television, has as its objectives:

1. The training of IEC personnel in communication skills, particularly broadcast media;
2. The development and broadcasting of films and videotapes on family planning/family health;
3. The institutionalization of an IEC resource center to serve all agencies promoting family planning/family health.

According to Dr. Botros, only the first objective had been accomplished with any success. He had held two workshops and had trained students from Yarmouk University in techniques of film-making. However, the Ministry of Information had refused to broadcast videotapes and films made on FP. Reasons given were political. Additionally, the project had received no staff or institutional support. Dr. Botros has not renewed his contract and has since left the project, discouraged with the low level of response.

THE JORDAN FAMILY PLANNING AND PROTECTION ASSOCIATION

BACKGROUND

The JFPPA was established in 1964 with its headquarters in Jerusalem, but as a result of the Israeli occupation of the West Bank in 1967, an ad hoc coordinating committee (CC) was formed in 1972 to supervise the family planning activities of the branches in the East Bank. Each branch operated autonomously, providing the ad hoc committee with their branch goals and allowing the committee to act as a central funding resource. In recent years, the Association has become an independent organization with representation of the different branches on its governing Board. This is not an entirely harmonious relationship. Irbid branch, for example, does not concur with JFPPA general policy or goals.

Nevertheless, the Association pioneered the introduction of family planning in Jordan, and it has played a significant role both in demand creation and service delivery, thus helping the evolution of family planning activities in the country. The Association and its activities are widely known. In the past, the Association placed a heavy emphasis on the delivery of contraceptive services to the people through the clinics. It set up the first FP clinics in the country. The Association also initiated information/education activities to educate and motivate the population.

The Association currently operates more than 20 clinics on the West Bank and five large clinics on the East Bank. Occasional satellite clinics, managed by the five major clinics, extend the provision of FP services from the four urban centers. The JFPPA operates clinics in Amman, Zarqa, Salt and Irbid.

ACTIVITIES OF THE JFPPA

Activities at the Irbid Clinic are fairly typical of JFPPA clinic activities. The clinic has two days reserved for consulting patients: from 2:30-4:00 PM on Mondays and Wednesdays. An additional four hours on Saturday are accessible to clients who are renewing prescriptions for pills, requesting over-the-counter methods, or making appointments for Mondays and Wednesdays with the physician.

Almost all staff are part-time. The President of the Irbid branch, Mr. Obeidat, is a principal of an elementary school. Dr. Abdullah Hallouch, a physician, works three hours a week, and receives 123 Jordanian dinars (JD)/month for his services. Two nurse's aides work three hours a week each, plus an additional four hours on Saturdays. The clinic also uses the part-time services of an accountant.

Clinic expenses average:

	5,676 JD/year in overhead and staff costs
	<u>4,350</u> JD/year rent for facilities
Total	6,026

The clinic averages 40 clients per day. Each consulting day approximately seven to eight IUD insertions take place, with the rest being pill requests, condoms or general advice. The method mix in JFPPA clinics, as in Jordan as a whole, has shifted significantly from oral contraceptives to IUD's. One clinic at Jarash, where there is no physician, prescribes only pills.

This shift may be one reason for the repeated overcrowding of clinics. An early 1985 patient flow analysis performed by the U.S. Centers for Disease Control (CDC) at the request of United States Agency for International Development (USAID) found that the Zarqa and Ashrafia clinics were both "operating at or above capacity" resulting in long waiting times for clients and time pressure on staff. Mean client waiting time was 61-71 minutes. Client time with medical staff for IUD insertion was six minutes. There was no standard medical protocol and little effort to discuss or provide alternatives when IUD's were removed for medical reasons.

Pamphlets used in the Irbid clinic are prepared in Morocco. Pamphlets prepared by the JFPPA, although available, are not widely distributed. The clinic physician considers them medically inaccurate, although this view might be influenced by the strained relationship between Irbid and the JFPPA. The Irbid Clinic also produces locally made pamphlets.

The clinic would welcome IEC training for its staff. Currently, the clinic does own one 16mm projector, but it is rarely used since there are few Arabic language films.

There are 300 villages in Irbid province which, according to Mr. Obeidat, Irbid branch representative, could profit from FP assistance. The physician is unable to provide services even for the immediate population served by the clinic. Several lectures sponsored jointly by the JFPPA and Yarmouk University have been given in the villages and have increased demand to the point where it surpasses availability. A week set aside for Family Planning and proclaimed by the JFPPA called for six to seven conferences in Irbid and in surrounding villages, and was most successful. So far nothing has been done to expand services in this region.

The JFPPA has never really touched the rural areas, concentrating more on the urban élite, many of whom have access to private physicians. According to the Irbid physician, it is not unusual for rural mothers to have between 10 and 20 pregnancies.

The Irbid clinic has recommended to the Board that clinic services be extended to reach rural areas either through mobile units or fixed satellite clinics, and that clinic hours be extended to include evening hours, increasing accessibility for some women.

The Zarqa Clinic is somewhat more active since it receives additional technical assistance from FPIA. In Zarqa, the second largest city in Jordan with a population of about 500,000, FP services are not comprehensively available to the general population. Private physicians in Jordan provide IUD services, but charge JD 25-30. The client load at the Zarqa clinic is about 35 per day. FPIA has noted the contraceptive of choice is the IUD, with pills and condoms used as interim measures. IEC activities taking place in the clinic stress IUD insertions. The method breakdown for Zarqa clinic is as follows:

<u>METHOD</u>	<u>NEW CLIENTS</u>	<u>CONTINUING CLIENTS</u>
IUD	90%	75%
Pill	5%	5%
Condom	5%	20%

Clients who visit the clinic pay JD 0.25 for a consultation. The fee for IUD insertions is JD 1.50, follow-up is JD 1.00 and removal is JD 0.50. For one pill cycle JD 0.10 is charged, and JD 0.10 for four condoms. The JFPPA is considering raising the prices for services.

EVALUATION METHODOLOGY

The JHU/Population Communication Services was requested by the AID Mission in Amman to develop a project with the JFPPA. The JFPPA had been identified by both the International Planned Parenthood Federation (IPPF) and the USAID Mission as the only organization promoting and providing FP services in Jordan.

The Project Proposal was developed by Anwar Bachbaouab, an Arabic-speaking JHU/PCS consultant and Marschal Rothe, the AID/Washington Monitor for the JHU/PCS Project, cooperating with the JFPPA. Up to the time of the project implementation, little or no Family Planning IEC activities were taking place, although several international agencies were collaborating to provide services.

During the period of project implementation, the JFPPA has successfully achieved the following:

1. Promoting its organization as a lobbying arm vis-à-vis the government for FP services;
2. Publicizing to health professionals the concept of FP and its role in development, as well as other related issues, through lectures, seminars and workshops;
3. Publicizing among college-age women the need for effective family planning; and
4. Providing information to the general population about the JFPPA's activities and about FP/population issues.

While the above suggest an active IEC program by the JFPPA, a closer look at implementation activities will show that the JFPPA's influence on the general public, potential FP acceptors, health professionals, and the government might have been substantially increased.

The team decided to evaluate the IEC Project on two different levels to assess:

1. Management of IEC activities and Institutional Development; and
2. Technical quality of IEC unit outputs.

IEC UNIT MANAGEMENT AND INSTITUTIONAL DEVELOPMENT

The IEC unit funded by JHU/PCS consists of a Project Director and two Assistants. Mr. Wasfi Abdou, the Director of the IEC unit, the second in two years to hold the post, was extremely discouraged, as was his staff. His prestige in the organization was low, and his recommendations went unheeded. Consequently, all communication between his staff and the other Association staff had become strained to the point of outright hostility. The IEC Director felt that the unit should become autonomous from the JFPPA.

The Association leaders, in turn, resented the lack of integration on the part of the IEC unit and had decided not to retain the services of any of the IEC staff at the end of the current project. No effort had been made to train Mr. Abdou and improve the quality of work produced by the JFPPA. Offers for training by JHU/PCS were rebuffed by the Association's President.

The JHU/PCS team declined to become involved in what was considered to be an internal management issue. However, the team was concerned that the project outputs had been delayed, quality had suffered, and future collaboration was imperiled by this state of affairs. There was some concern that funds intended for IEC use were being used to support JFPPA core expenses. Since the JFPPA was scheduled to receive an audit imminently, it was thought wiser to leave this aspect for professional auditors.

By far the largest proportion of funds expended by JHU/PCS in Jordan can be said to involve institutional development. From the start of the project, it was the hope of JHU/PCS that the IEC unit, once formed and functioning, would be integrated with other JFPPA activities and would eventually be funded by IPPF. Since that time, IPPF has had severe cut-backs in its own funding and is unable to increase its funding of JFPPA.

However, the JFPPA leaders have decided that they are unhappy with the staff of the IEC unit and have decided not to engage their services beyond the period of the project. Bearing in mind that this is the second IEC Director in the two years of the project duration, this state of affairs leaves the JFPPA with no institutional memory or enhanced IEC ability resulting from the project. The Board of Trustees of the JFPPA has an IEC subcommittee, and the JFPPA representative to the Arab World Communication Workshop is a member of that subcommittee. Nevertheless, technical skills should not reside with volunteer members but with implementation staff.

To the extent that a major goal of the project was to develop an institutional IEC infrastructure, it can be said that the project has failed. The failure can be attributed to a number of circumstances ranging from poor communication with JHU/PCS to JFPPA's own internal management problems. Should there be a follow-up project, some of these issues need to be raised with the JFPPA. JHU/PCS should reduce its salary support to the IEC unit so that only essential personnel are funded and those only partially. Training should be provided to all staff to ensure an adequate level of competency and improve morale. The Director of the unit needs technical production skills as well as management skills, both of which the incumbent lacked.

JHU/PCS also funded a secretary full-time, a chauffeur full-time, and an accountant part-time. The IEC staff frequently complained that the secretary was rarely available to them, working primarily on material for Dr. Keswani. The same was true of the chauffeur. The IEC staff frequently used their own private vehicles or public taxis for transportation in support of IEC activities. Reimbursement was provided to them through the project. However, the vehicle and chauffeur were not. The team itself was unable to use the vehicle or chauffeur either for appointments with or for the JFPPA, or for the visits to Irbid Clinic and Yarmouk University.

The financial management of the JFPPA has been complex from the start. The initial proposal was not adequately detailed in describing the activities to be undertaken and in setting out expenses to be included in the project. Mr. Bachbaouab was sent back to Jordan a second time to add further information, but the second version still lacked some necessary information. Due to the desire of AID to initiate the project as quickly as possible, JHU/PCS moved ahead and approved the project despite these omissions. After the grant was signed, Dr. James Echols, the JHU/PCS Deputy Project Director, and Mr. Bachbaouab held a one-week workshop for JFPPA IEC staff and staff of collaborating institutions to further develop the work plan. They also provided detailed orientation to the JFPPA accountant on JHU's recordkeeping requirements; this accountant left a few months later, as did the first IEC Director. In general, financial reports were prepared correctly by JFPPA, although a number of disallowable items were included in the early reports. A budget revision submitted to JHU in December 1984 was not formally approved due to JHU staff turnover. This caused problems in several subsequent reports, since JFPPA was unsure which budget to use.

Perhaps the most difficult management aspect of the IEC Project has been the relationship between Dr. Salem Keswani, President of the JFPPA and JHU/PCS. It should be noted that other donor agencies working with the JFPPA have had similar frustrating experiences. This includes IPPF, which has expressed concern about this association, as well as others. Offers to provide technical assistance are rebuffed, attempts to make programmatic suggestions are rejected, and the manner in which it is done is insulting. It should be stressed, however, that it is not only in the light of Western cultural standards that the demeanor of the President of the JFPPA can occasionally be interpreted as insulting. The second member of the evaluation team, himself an Arab, was also taken aback at the abrupt, aggressive tone adopted by Dr. Keswani in many of his discussions. This arrogant attitude is reflected in his treatment of the subordinates in his organization, and is emulated by the Executive Director toward his subordinates, further aggravating the problem of low morale. The visit with the JFPPA Board convinced the team that the Board is reasonable and open to constructive suggestions, and even criticism. All future in-country consultations should routinely include the JFPPA Board.

One drawback of the present IEC Project is that its objectives are not clearly spelled out. Activities are identified, but no clear objectives, rationale, or evaluation criteria. It is possible, even probable, that the JFPPA Board has not clearly defined its institutional goals, but the result is that activities are carried out with few available impact measures to evaluate them. Any future proposal with the JFPPA should clearly spell out its institutional objectives vis-à-vis IEC as well as the expected communication impact. It is these that should be measured and assessed at the end of the project.

TECHNICAL QUALITY OF IEC UNIT OUTPUT: LECTURE SERIES AND WORKSHOPS

The team met with Dr. Walid El-Khatib, Dean of the School of Public Health at Yarmouk University. Dr. El-Khatib had assisted the JFPPA lecture series by permitting faculty to participate as resource staff, and by allowing use of University facilities. Dr. El-Khatib, himself, had served occasionally as a resource person, and his opinion of the series was favorable towards the technical content presented. The presentations were clearly FP oriented, not diluted, and subsequent discussions by participants were frank and animated.

Dr. Mohammad Cherim, Director of the Health Education Division of the MOH, felt the Association's presentation methods were devious and their subsequent impact negative. He cited an example of a lecture advertised by the JFPPA on Jordanian art and culture which, at mid-point, became a lecture on FP. Audiences were deluded into attending the lecture and were unhappy about the change in topic. However, it should be noted that Dr. Chirem is a very reluctant advocate of FP himself. He suggested that resistance to FP stems from the belief that the United States is conspiring with Israel to reduce the number of Arabs.

Dr. El-Khatib's criticisms were directed at the organization of the lectures and workshops (last-minute arrangement, poor pre-planning and over-payment of faculty) and of the lack of evaluatory measures. Dr. El-Khatib felt the expertise existed in the University to develop survey tools to determine impact of the seminars and workshops on young people attending the University and on rural audiences when an extension activity took place in a rural village. He would welcome a more formal arrangement with the JFPPA to undertake these kinds of

studies since his objective for his faculty was to become more involved in publications and research. At the same time, he did not discourage a possible direct relationship with JHU/PCS in IEC activities.

When evaluating the JFPPA's activities, the team concluded that both the Subagreement and the subsequent Modification of September 1984 contributed to a confusion about the project's outputs. Some of the lecture series are unrealistically defined as numbers of lectures to be held annually, others are spread out over a two year period. Had the JFPPA managed to hold every lecture as intended in the Subagreement and Modification, it would have been responsible for some 120 lectures, four regional workshops and two national workshops and seminars. To its credit, the JFPPA has been able to hold a total of 119 lectures, five regional workshops, and has co-sponsored two national workshops. That all these activities did not coincide exactly with the intended audiences specified in the Subagreements is a point that can be debated. The JFPPA states that it has received no support from pharmacists for staging a national pharmacists' seminar. An IEC workshop has been given, but for a specialized group of FP service professionals.

The team was very impressed with the workshop series. The quality of speakers seems acceptable, and the obvious care taken to measure the quality of the lectures was noted. Some preliminary work had even been made by the JFPPA to evaluate impact by screening at their clinics to identify new clients. These clients said that they came to the clinic as a result of hearing about FP through the lectures. A formal evaluation system could be established by the JFPPA to obtain this kind of data. Dr. Walid El-Khatib of the School of Public Health at Yarmouk University has indicated an interest in this activity.

The team was also impressed with the geographical spread of the lectures. Efforts had been made to locate some of the lectures in rural and remote settings. Observations by the JFPPA indicate that as the literacy rate of their audiences dropped, so too did the apparent success of the lectures. This would suggest that while there is an audience for FP communication, perhaps a more suitable mode than lectures could be found for rural areas.

The evaluators also noted that in some of the more remote regions, access to basic curative services was extremely difficult, and FP services were even more

scarce. This would indicate that the JFPPA should be encouraged to expand its service activities to more remote geographical regions or confine its communication activities to those areas of the country where primary health care access is assured. There is some indication that the planning of the lecture series could be improved, thus improving the numbers of people in the audience, access to facilities, etc.

Table 1 gives a list of the activities of the JFPPA in this area--by project output for each year of the project life. The lecture series has been incorporated into a book and a preliminary reading shows that the quality of the lectures is adequate. One or two individual lectures are questionable and could be omitted from any future series. There does not seem to be any support to the contention that the JFPPA used a devious approach to entice audiences to their lectures. All data available seem to indicate that the JFPPA takes a very direct approach to the subject of FP, but links it with related subjects such as spacing, breastfeeding, etc.

The only worrisome aspect about the lecture series comes from a perusal of the report of the FPIA on their funding to the Zarqa Clinic. Modification No. 1 of the JHU/PCS Subagreement with the JFPPA allows for changes in lecture site to include several in the Zarqa area to support clinic activities. The FPIA report notes that FPIA also funded lectures in and around Zarqa. FPIA also funded the publication of pamphlets in support of the clinic which, in all likelihood, were also paid for by JHU/PCS funds. JHU is awaiting the auditor's report to determine what action to take on this matter. Closer collaboration by donor agencies would eliminate this double-billing, if indeed it takes place.

Finally, one fault in the workshop series has been the lack of imaginative or innovative training techniques. Technical input by JHU/PCS could have alleviated this, but assistance was not sought by the JFPPA.

PRINT MATERIALS DEVELOPMENT

Table 2 gives a summary list of the types of materials produced during the two years of the project duration.

TABLE 1: PROJECT OUTPUTS FOR LECTURES AND WORKSHOPS SERIES

	SUBAGREEMENT	YEAR 1 ACTUAL	SEPTEMBER 1984 MODIFICATION	YEAR 2 ACTUAL	TOTAL	TOTAL NO. ATTENDING
University of Yarmouk	24 lectures annually	12 lectures	12 lectures	12 lectures	24 lectures	2,410
	1 workshop			1 workshop	1 workshop	31
Princess Rahma Center and Miscellaneous lectures	24 lectures annually	4 lectures	24 lectures	18 lectures	22 lectures	680
	1 workshop		1 workshop	1 workshop	1 workshop	35
Junior College of Social Work	12 lectures total	26 lectures	12 lectures	7 lectures	33 lectures	1,684
	1 workshop		2 workshops	2 workshops	2 workshops	72
National Seminar for Pharmacists	1 workshop	---	---	---	---	---
National IEC Seminar	1 workshop	---	---	---	---	---
		Family Planning Week: 36 lectures 1 workshop		IEC Regional Workshop	1 workshop 36 lectures 1 workshop	N/A
		Joint Seminar with ILO, IPPF, UNFPA National Family Planning Workshop		Joint Workshop with ILO, UNFPA Population and Development	2 National workshops	N/A
TOTAL					119	4,912

N/A = Not available

TABLE 2: MATERIALS PRODUCED BY THE JFPPA

	SUBAGREEMENT	YEAR 1 ACTUAL	MODIFICATION	YEAR 2 ACTUAL	TOTAL
<u>Original Printing</u>					
Brochures	1	3	0	0	3
Leaflets	5	0	3	0	0
Posters	2	2	2	2	4
<u>Adaptation</u>					
Pamphlets	5	0	2 (pill and IUD)	3	3
<u>Books:</u>	0	0	0	0	0
Coloring book	0	0	1	0	0
Lecture book	0	0	1	1	1
Islam and FP Booklet	0	2	1	0	2
<u>Promotional Items</u>	0	2	0	7	9

Table 3 gives the cost breakdown for materials produced for each year of the project duration.

Clearly the weakest aspect of the project outputs is the development of print materials. The quality of the material improved from Year 1 to Year 2, reflecting the second IEC Director's interest in more sophisticated graphic design. However, an emphasis on the "look" of the material has not improved the quality of the content.

There is no doubt that Jordan, with its very high level of literacy, does have a great need for printed material. However, the lack of clear-cut objectives for the materials, lack of a clearly defined target group, and lack of a good rationale for selecting one item to produce rather than another has resulted in a plethora of materials, with little information as to their utility. Irbid Clinic indicated it did not utilize the materials prepared by the JFPPA. Zarqa Clinic has materials produced under its own FPIA project funding (this may in actuality be the same materials that JHU/PCS is funding). Materials are distributed widely to social groups and civic organizations, professional groups, and audiences at the lectures and workshops. Whether this material is useful to the particular groups does not seem to be evaluated; this issue should be heavily stressed in any future activities with the JFPPA. These problems might be alleviated (1) by improved training of the IEC Director (if such a person is hired); (2) by insisting on a step-by-step process with review at each stage by JHU/PCS (this was rejected in the initial grant by JFPPA but should be a precondition for any future support.); or (3) by contracting out materials production to a Jordanian advertising agency.

Although JFPPA has made some attempts to pre-test its materials, these efforts are crude and inefficient. The social aide at the clinic interviews random clients and asks their opinions as to the graphic design and content of the materials. The form she utilizes is complex, not very informative, and she herself has received no training in testing of IEC materials. The physicians serving on the Board of the JFPPA screen all material that is published by the JFPPA, which has resulted in clinically accurate information for the most part.

One of the project outputs was the adaptation of printed material that already exists in the Arab World. To some extent, this has been done, but not

**TABLE 3: QUANTITY AND COST BREAKDOWN OF
MATERIALS PRODUCED BY JFPPA**

Year 1

<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT COST IN JD/US\$</u>	<u>TOTAL COST IN JD/US\$</u>
<u>Print Materials</u>			
1. Pamphlet "IUD"	20,000	0.024 0.070	JD 480.00 \$ 1,370.00
2. Pamphlet "Spacing"	20,000	0.024 0.070	JD 480.00 \$ 1,370.00
3. Pamphlet "Intro. to FP"	1,000	no cost (donation)	
4. Poster "Happy family-urban"	1,000	0.480 1.370	JD 480.00 \$ 1,370.00
5. Poster "Happy family-rural"	1,000	0.480 1.370	JD 480.00 \$ 1,370.00
			JD 1,920.00
	TOTALS		\$ 5,480.00
<u>Promotional Items</u>			
1. Telephone Book	1,000	0.070 0.200	JD 70.00 \$ 200.00
2. Ball Point Pens	1,000	0.070 0.200	JD 70.00 \$ 200.00
			JD 140.00
	TOTALS		\$ 400.00
=====			
			JD 2,060.00
	TOTAL YR1		\$ 5,880.00

Year 2

<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT COST IN JD/US\$</u>	<u>TOTAL COST IN JD/US\$</u>
<u>Print Materials</u>			
1. Pamphlet "The Pill"	5,000 5,000	0.030 0.075	JD 150.00 \$ 375.00
2. Pamphlet "The IUD"	10,000	0.029 0.072	JD 290.00 \$ 725.00

(Table 3 continued)

ITEM	QUANTITY	UNIT COST IN JD/US\$	TOTAL COST IN JD/US\$	
3. Pamphlet "Calendar Method"	10,000	0.029 0.072	JD \$	290.00 725.00
4. Poster "Spacing"	1,000	0.225 0.560	JD \$	225.00 562.50
5. Poster "Jordan Youth"	1,000 1,000	0.225 0.560	JD \$	225.00 562.50
6. Lecture Book	4,000	0.250 0.620	JD \$	1,000.00 2,500.00
			JD	2,180.00
	TOTALS		\$	5,449.00
<u>Promotional Items</u>				
1. Greeting cards	1,000	0.160 0.400	JD \$	160.00 400.00
2. Coasters	5,000	0.050 0.125	JD \$	250.00 625.00
3. Matches	20,000	0.012 0.030	JD \$	240.00 600.00
4. Key rings	1,000	0.250 0.630	JD \$	250.00 1,000.00
5. Bumper Stickers	5,000	0.080 0.200	JD \$	400.00 1,000.00
6. Ball Point Pens	5,000	0.070 0.180	JD \$	350.00 875.00
			JD	1,650.00
	TOTALS		\$	4,500.00
			=====	=====
			JD	3,830.00
TOTAL YR2			\$	5,890.00
			=====	=====
			JD	9,949.00
TOTAL BOTH YEARS			\$	15,829.00

entirely successfully. The JFPPA had to be dissuaded from reprinting, in its entirety, a booklet on breastfeeding produced by Wyeth International, a multinational pharmaceutical company promoting a nursing formula. While Dr. Keswani saw the inappropriateness of translating this document, the IEC unit needed much persuasion.

Another publication not approved by JHU/PCS was a coloring book for pre-school age children which promoted civic duty as well as briefly discussing domestic sanitation. The latter was considered to be irrelevant to goals of the JFPPA. Some pre-publication costs for these two booklets were incurred totaling JD 300 each, adding an additional \$1,500 to the total amount spent on materials production.

The JFPPA has also produced a number of promotional materials peripherally related to family planning. Materials such as Christmas cards, books of matches, bumper stickers, key rings, pens, coasters, and calendars are all produced by the JFPPA as part of its public relations efforts. These items are expensive. It is questionable whether they serve any useful purpose.

TRAINING

On several occasions JHU/PCS attempted to provide training opportunities such as study tours to other IEC units in the Arab World, formal training at workshops sponsored by international organizations, and provision of technical assistance to the JFPPA for specific activities. All these efforts were thwarted by the President of the Association, and JHU/PCS did not insist.

As previously described, a JHU/PCS team led a one-week, on-site training session for the JFPPA IEC Unit Staff and staff of collaborating agencies. Three other monitoring visits by JHU/PCS staff have focused primarily on management issues requiring the attention of the President of the JFPPA.

Considering the high staff turnover and the friction between IEC staff and management that occurred at the JFPPA, it is understandable that Dr. Keswani did not wish to invest training in staff that he knew would not stay with the Association after the project termination. It is regrettable that none of these

problems were discussed fully and openly with JHU/PCS. In fact, Dr. Keswani and the Board are of the opinion that technical expertise exists in Jordan, and that external sources of technical assistance are not required. To some extent they are correct. Jordan's resources in the IEC field are impressive. In the private sector there is a flourishing commercial advertising market; there are qualified and expert printers, film-makers, graphic artists, etc. The problem occurs when the JFPPA itself (in the person of the IEC Unit Director and/or President) does not know how to take advantage of these resources, and has not been exposed to the way other institutions, similar to JFPPA, have managed their IEC activities.

This kind of training would be most beneficial to the JFPPA staff. The hurdle, of course, would be to convince the Association Board and, in particular the President, of this. It should be a pivot for any future activities with the JFPPA.

COMMUNICATION BETWEEN JFPPA AND JHU/PCS

Perhaps the most disheartening aspect of the team's findings was the degree of suspicion which permeated any communication between the JFPPA and JHU/PCS. In other parts of this report the demeanor of the JFPPA President vis-à-vis representatives of JHU/PCS has been referred to. There is no doubt that this has exacerbated the situation.

From the start, relations have been difficult. For example, when JHU proposed language in the initial grant providing for JHU/PCS review and approval of print materials before printing costs are incurred, JFPPA immediately rejected this language and insisted that no outside agency should review its materials. The AID Mission and AID Project Monitor backed JFPPA in this insistence, fearing that otherwise the project would not start at all. (The contested language is now standard in all grants with substantial print costs and has caused no problems to other lesser developed countries' agencies, but has allowed for a timely cooperative review in advance of printing). The lack of prior review and consultation has made it difficult for JHU/PCS to offer suggestions, schedule technical assistance visits, or insist on more careful analysis of target audiences and on pretesting.

JHU/PCS has perhaps been remiss in not insisting on more input and trying, at an earlier date, to work more closely with the Board of Directors of the JFPPA and other donor agencies. However, despite its slow beginning and the obviously hostile attitude of its President, JFPPA is at present the only agency functioning in Jordan promoting FP. The JFPPA has carried out a number of IEC activities under this project that would probably not have been undertaken otherwise.

SUMMARY AND RECOMMENDATIONS

A. Problem: Lack of clear-cut measurable institutional and project goals.

Recommendation:

1. JHU/PCS should collaborate with AID and other donor agencies as well as JFPPA to establish an integrated communication project.
2. The JFPPA Board should be encouraged to undertake a one-day objective writing seminar so that specific measurable goals can be set and from which appropriate communication activities can flow and be evaluated.
3. The Project Proposal should be quite specific in the outcomes it wishes to measure, and how this measurement is to take place (i.e. variables to be considered, evaluation schedule, staff, etc.).

B. Problem: Lack of management support for IEC activities.

Recommendations

1. No new projects should be initiated with JFPPA without assurance of adequate staff to undertake activities.
2. JFPPA should accept, in the signed proposal, a schedule of training for IEC staff. This schedule should include:

- a. one pre-arranged site visit to another Muslim country with comparable activities (e.g. Morocco, Tunisia, Indonesia);
 - b. workshop in IEC management (possibly Santa Cruz);
 - c. two in-country training activities including project implementation staff as well as field staff.
3. All management support activities paid for by JHU/PCS should be coordinated with other donor agencies to avoid possible double-billing.
 4. At project onset a technical assistance visit should be made to improve development communication support to include:
 - a. writing a Request for Proposal (RFP) for an advertising agency;
 - b. scheduling lecture series;
 - c. Needs Assessments to new regions of Jordan to receive FP/IEC and services.
 5. At least two JHU staff monitoring visits should be conducted annually, and the schedule for these visits should be established in the Project Proposal Work Plan.
 6. Salary support by JHU/PCS should be limited to only that amount of time required to perform tasks for JFPPA staff. If necessary, a task/time analysis can be done to assess the amount of time each staff member should devote to the IEC project. Extensive staff support can only lead to abuses such as those suspected on the part of the JFPPA.

C. Problem: Poor quality of materials production.

Recommendation:

1. The JFPPA should be encouraged to subcontract out its production activities to an agency that can assure them:

- a. a high quality product;
 - b. minimum cost;
 - c. adequate pre-testing (this can be done with TA from JHU/PCS, and through a procedure that assures competitive bidding).
2. The JFPPA should be encouraged to purchase or use generic materials produced by other countries or agencies (e.g. The Arab States Broadcasting Union [ASBU], IPPF, etc.). Costs of production in Jordan are high; the small number of printing runs and the general character of many of the pamphlets produced (e.g. methods pamphlets, etc.) does not warrant a heavy investment in original materials.
 3. The JFPPA should not be funded to produce high-cost promotional materials such as key chains, etc.
 4. The JFPPA should be encouraged to increase its contact with the press and other media, including producing a quarterly bulletin of its activities for public information.
- D. Problem: Design and evaluation of lecture series that would have more appeal to less literate audiences.

Recommendation:

1. JFPPA should be encouraged to delegate responsibility for the rural lecture series to Yarmouk University's School of Public Health or the Center for Continuing Education, and the regular Irbid lecture series to the School of Public Health. This will facilitate planning and scheduling as well as impact evaluation of the lecture series. Evaluation could easily be managed by utilizing service data--JHU/PCS could provide TA assistance in this area.
2. The JFPPA and JHU/PCS could work together to design an innovative mechanism to promote FP in rural areas. This mechanism would require

a tie-in to service accessibility. Collaboration between potential donor organizations would assist in this effort.

E. Problem: Poor communication with JHU/PCS.

Recommendation:

1. JHU/PCS should make every effort to maintain close and timely communication with the JFPPA at all times and on all matters. The JFPPA has become accustomed to an independent working style. A new project should establish ground rules and criteria for all activities at the outset and point out problems as they occur.
2. Every team visiting Jordan should complete its draft trip report in Jordan and obtain JFPPA signature to all points covered during past discussions before the team leaves the country. At present, each party occasionally disputes statements or agreements that have been made, and bad feelings and suspicions have been the result. Similarly, a copy of the signed report should be left with the JFPPA. The team leader is equally responsible for signing the report.
3. Every monitoring visit to Jordan should include a briefing directly to the JFPPA Board of Directors at the conclusion of the meeting. Any amendments or modifications to the Project Proposal must be discussed between the Board and a JHU/PCS representative prior to authorization. Initial project activities and objectives should be discussed with the Board, as should responsibilities of each party. All technical assistance visits scheduled in the Project Proposal should also be presented to the Board.

PERSONS CONTACTED

HASHEMITE KINGDOM OF JORDAN, GOVERNMENT AGENCIES

Ministry of Health (MOH)

Dr. Mohammed F. Beshir Shirem
MOH Director: Division of Health Education
P.O. Box 86
Amman, Jordan

Mrs. Afifi Abu Zeid, Health Educator
MOH: Division of Health Education
P.O. Box 86
Amman, Jordan

Yarmouk University

Dr. Walid El-Khatib
Director of School of Public Health
Yarmouk University
Irbid, Jordan

JORDAN FAMILY PLANNING AND PROTECTION ASSOCIATION (JFPPA)

Dr. Salem Keswani
President, Chairman of the Board
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Mr. Mohammad S. Obeidat
Treasurer of the Board/Representative from Irbid
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Mr. Adel Abu Nadi
Executive Director
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

APPENDIX A

Page 2

Mr. Wasfi Abdou
Director of Information, Education, Communication (IEC)
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Mr. Abu Amir
Accountant
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

MEMBERS OF THE JORDAN FAMILY PLANNING ASSOCIATION BOARD

Mr. Abdullah Abu Ata, Mayor of Zarqa
Secretary to the Board
JFPPA Zarqa, Jordan

Mr. Anwar Al-Hadid, Lawyer
Vice-President of Amman Branch
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Dr. Ahmad Hamouda, Jordan Population Commission
Member of the Board of JFPPA
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Mr. Mohammad A. Jazuzi, Businessman
Vice-President of JFPPA and
President of Salt Branch
JFPPA Salt, Jordan

Dr. Salem Keswani
President, Chairman of the Board
JFPPA
P.O. Box 8066
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

APPENDIX A

Page 3

Dr. Mohammad Khalaf, Medical Director of the United Nations Work Relief Agency (UNWRA)
Member of Board of JFPPA
Medical Advisor to JFPPA
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Dr. Mazen Malhas, Physician in private practice
Member of the Board of JFPPA
Medical Advisor to JFPPA
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

Mrs. Munira Shab'an, Nurse/Midwife
Inspector of Maternal and Child Health Clinics/MOH
Member of the Board of JFPPA
Amman, Jordan
Telephone: 674-534
Telex: 92523046 IPPF JO

OTHER AGENCIES

Mr. Hakim and Mr. Manwar Kheyr
Al-Kheyr Associates, (Advertising Agency)
Amman, Jordan

Dr. Fathi Zaki Botros
UNESCO/UNDP
Amman, Jordan

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

Mr. Robert Haladay
Health, Population, and Nutrition Officer
USAID/Amman
Amman, Jordan
Telephone: 44371, ext. 275

Dr. Harold Gustafsen
Health Education Project
Amman/ID
Department of State
Washington, D.C. 20520

28

JFPPA BOARD OBJECTIVES 1986 THROUGH 1988

The following items were presented to the team by the Board as its objectives for 1986-1988. From this list, communication activities could be extracted for funding by JHU/PCS.

1. TRAINING

- i. Staff training in administration and management.
- ii. Clinical training for staff.
- iii. IEC training for field staff.

2. RESEARCH

- i. Priorities of JFPPA.
- ii. Knowledge Attitude and Practice Studies (KAP)/FP Studies.
- iii. Population and demographic studies.
- iv. Creation of a center for social studies that would serve the region.

3. EVALUATION

- i. Evaluation of IEC activities.

4. PUBLICATIONS

- i. Two pamphlets.
- ii. Annual Report of Association.
- iii. Book of "Population and Development"
- iv. Quarterly bulletin to be produced and distributed by JFPPA, including review of FP activities in Jordan and region.
- v. Book on "Lectures on FP" (reproduction of lectures made through JHU/PCS workshops).
- vi. Posters.

5. SEMINARS AND WORKSHOPS

- i. For professionals in each major town of Kingdom.
- ii. Press.
- iii. Opinion Leaders.
- iv. Service professionals (e.g. Traditional Birth Attendants--TBA).

29

APPENDIX B
Page 2

6. LECTURES

- i. General Public throughout the Kingdom.
- ii. Youth.
- iii. Clubs and Colleges.

7. COMMODITIES PROCUREMENT

- i. Video equipment.

8. SERVICES

- i. Services be expanded to following towns in South: Agaba, Tafilah, Karak, Ma'an and Ma'daba.

30